



KANSAS CORPORATION COMMISSION 1090454
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 6142
Name: Town Oil Company Inc.
Address 1: 16205 W 287TH ST
Address 2: _____
City: PAOLA State: KS Zip: 66071 + 8482
Contact Person: Lester Town
Phone: (913) 294-2125
CONTRACTOR: License # 6142
Name: Town Oil Company Inc.
Wellsite Geologist: NA
Purchaser: _____

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____
5/31/2012 6/8/2012 8/10/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-107-24578-00-00
Spot Description: _____
SE NW SE NW Sec. 27 Twp. 19 S. R. 22 East West
3605 Feet from North / South Line of Section
3350 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Linn
Lease Name: McDonald Well #: 19-WR
Field Name: Goodrich-Parker
Producing Formation: Cattleman
Elevation: Ground: 975 Kelly Bushing: 0
Total Depth: 722 Plug Back Total Depth: 13
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 0
feet depth to: 20 w/ 3 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 1500 ppm Fluid volume: 80 bbls
Dewatering method used: Evaporated
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

Letter of Confidentiality Received
Date: _____

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: Deanna Garrison Date: 08/16/2012



1090454

Operator Name: Town Oil Company Inc. Lease Name: McDonald Well #: 19-WR
 Sec. 27 Twp. 19 S. R. 22 East West County: Linn

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray Neutron Completion Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Gamma Ray
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CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	9	6.2500	10	20	Portland	20	50/50 POZ
Completion	5.6250	2.8750	8	709	Portland	98	50/50 POZ

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD	-			
___ Plug Off Zone	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	656.0-666.0 40 Perfs	Acid 500 gal. 7.5% HCL	

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Linn County, KS
Well: McDonald 19-WR
Lease Owner: TOC

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
5/31/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
3	Soil	3
1	Rocks	4
2	Yellow Clay	6
35	Sandy Shale	41
2	Lime	43
46	Shale	89
9	Lime	98
11	Shale	109
34	Lime	143
7	Shale and Slate	150
23	Lime	173
5	Shale and Slate	178
2	Lime	180
1	Shale and Slate	181
8	Lime	189
118	Shale and Slate	307
6	Sand	313
30	Sandy Shale	343
5	Lime	348
15	Shale	363
11	Lime	374
7	Sandy Shale	381
13	Sand	394
37	Sandy Shale	431
11	Lime	442
8	Shale	450
3	Lime	453
19	Shale	472
16	Lime	488
20	Shale	508
4	Lime	512
70	Shale	582
3	Sand	585
6	Sand	591
2	Sand	593
23	Sandy Shale	616
3	Lime	619
11	Shale	630
23	Sand	653
16	Sand	669



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8876

TICKET NUMBER 39595

LOCATION Ottawa, KS

FOREMAN Jim Green

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
06-08-12	7823	Mac Donald 19.6W2	27	19	22	LN

CUSTOMER Tower Oil
MAILING ADDRESS 16205 W 287th ST
CITY Paola STATE KS ZIP CODE 66071

TRUCK #	DRIVER	TRUCK #	DRIVER
669	Jim Green	JG	
666	Gar Moo	GM	
625	Mike	OWN H2O	
548	Mike Has	MH	

JOB TYPE Layson HOLE SIZE 7 1/2" ST HOLE DEPTH 722' CASING SIZE & WEIGHT 2 7/8 STD
CASING DEPTH 709' DRILL PIPE PH 204' TUBING P OTHER _____
SLURRY WEIGHT 1 SLURRY VOL _____ WATER gal/bak _____ CEMENT LEFT In CASING _____
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Held down mixing. Erratic circulation, mix and pump 100' below
Flush Hole. Mix and pump 98 cu 5/8" Per Mix Cement, 22 Gal
Flush pump clear of cement. Pump 2 1/2" Rubber plug to total depth of
casing, pressure up to 800' PSI. Held 800' PSI for 30 min. 2
Held Goul Close Valve.

Customer Supply H2O

30 min MIT 800 PSI GOOD

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	one	PUMP CHARGE		1030 ⁹
5406	40 mi	MILEAGE		160 ⁰⁰
5402	709'	Casing <u>2 7/8</u> <u>OWN H2O</u>		NC NC
1124	98 cu	98 5/8" Per Mix Cement		1073 ¹⁹
118R	300'	Premium Guel		63 ⁰⁰
4402	one	2 1/2" Rubber Plug		28 ⁰⁰
SALES TAX				73 ³⁴
ESTIMATED TOTAL				2427 ⁴⁸

13737

AUTHORIZATION Scott Riddell

TITLE 250459

DATE _____

knowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.